



GREAT BASIN COORDINATING GROUP

Department of the Interior
Bureau of Land Management
Idaho, Nevada, and Utah, Arizona
National Park Service
Intermountain Region
Pacific West Region
Bureau of Indian Affairs
Western Region
Fish and Wildlife Service
Mountain Prairie and Pacific Region

Department of Agriculture
Forest Service
Intermountain Region

State Agencies
Idaho, Utah, and Nevada

October 15, 2005

To: Agency Administrators, Fire Management Officers, Dispatch
Center Managers and Incident Management Team Members

From: Chair, Great Basin Coordinating Group(GBCG)

Please find the attached form for submitting nominations to the Great Basin Interagency Incident Management team positions, both Type 1, Type 2 and FUMT positions. Please have nominees complete the appropriate nomination form(s), and return them through their supervisors **to their respective Agency Representative** (listed below) who will then forward them to the appropriate Great Basin Coordination Center by **January 15, 2005**. It is important that only individuals with the proper qualifications be nominated to these positions.

Positions that lack nominations for qualified current agency employees may be filled by AD's/Contractors/Retired Annuitants. It is recommended that the following positions be filled by current agency employees: Finance Section Chief; Procurement Unit Leader; Compensation/Claims Unit Leader; and Compensation Specialist. If IC's want to utilized an AD/Contractor/Retired Annuitant on their team for any position, then approval will need to be granted by the Great Basin Coordinating Group and Great Basin Operations Committee prior to placing the individual in the team position.

Again this year, the Great Basin will offer the opportunity to nominate an individual for any team position as an Alternate. Use of an alternate as a replacement for a regular team member will be only for the remainder of the year until the next team selection, and any time served will not count against the three year time committed to the team. Individuals who would like to be considered only as alternates need to submit an application form. These individuals will be given first consideration when looking for alternates for replacement of team members for the remainder of the year.

TEAM MEMBER RECRUITMENT AND NOMINATION PROCESS GUIDELINES

The following schedule will be used for the selection of the Incident Management Teams (IMT), (Type 1, 2 and FUMT) and Incident Commander positions in the Great Basin for the upcoming fire season. These timelines have been identified by the Great Basin Operations Committee (GBOC).

Type 1 IC nominations will have prior experience as a Type 2 IC on an organized geographic team. They will have had been assigned a member for at least one season.

Nomination forms will be **submitted through supervisors to your Agency Representatives by January 15**, for Type 1 , Type 2 and Fire Use IC. Nominations received after January 15 will have to be approved by the Great Basin Operations Committee.

Type 1 , Type 2 and Fire Use Teams Recruitment and Nomination Process Guidelines.

1. **September 1, 2005:** A recruitment notice for Incident Commander and Deputy IC positions with a due date of Mid-October.
2. **October 1:** Incident Commander will provide status of trainees.
3. **November 1:** GB Ops will forward IC recommendations to GBCG for approval.
4. **January 15, 2006:** Nominations due to Coordination Center from Agency Representatives. List of verified nominees and forms to Committees and IC's and posted on GACC websites.
5. **Early February:** GB Ops / Zones, and IC's selection team members.
6. **After Selection Meeting:** IC's notify team members of selection.
7. **Early April:** Annual team meeting.

Team members who move to a new job within the Great Basin will need to submit a nomination form with new supervisor approval.

Team members who move to a new job outside of the Great Basin will not remain on Great Basin teams and will have to reapply.

Agency representatives are as follows:

Dave Provencio – USFS	Jan Passek – NPS	Doug Waggoner – FWS
Bob Knutson – BLM-NV	Mark Jones – BLM-ID	Randy Hart – BLM-UT
Tracy Dunford – State of UT	Bob Burke – State of ID	Pete Cannizzaro – State of NV

See the Great Basin Mobilization Guide, 2005 to contact your agency representatives.

If you have any questions, please call Dave Provencio at (801) 625-5565 or Bob Knutson at (775)861-6507.

/s/ Sheldon Wimmer, Chair GBCG

Authenticated: Cherie Ausgostharp
Executive Secretary GBCG

**GREAT BASIN NOMINATION FORM
INCIDENT MANAGEMENT TEAMS
FIRE USE TEAMS**

All individuals applying for positions as a primary, alternate or trainee must submit this Great Basin Incident Management Nomination Form and a copy of their current Incident Qualifications record to their agency representative. All applications must be approved by the applicant's immediate supervisor, include any other required local agency approvals, and be submitted to the Great Basin Operations Committee.

APPLICANT BASIC INFORMATION:

Applicant Name: _____ Agency/Unit: _____

AD/Contractor _____ Sponsoring Agency: _____

Phone: _____ Cell Phone: _____

E-mail: _____ Office Fax: _____

New Applicant _____ Re-applying _____ Team Name _____

POSITION(S) APPLIED: *(Be sure to list ALL positions that you would like to be considered for)*

PREFERENCE	POSITION NAME	TEAM TYPE (IMT1, IMT2, FUMT)	POSITION STATUS (Primary, Alternate, Trainee)	Comments (i.e. Shared positions)
1				
2				
3				
4				
5				

INCIDENT TEAM AVAILABILITY: (Check One)

- ☐ I am available as primary.
- ☐ I am available as an alternate.

ALL RISK PARTICIPATION*: (Check One)

- ☐ I am also available for non-fire "all risk" incident assignments.
- ☐ I am not available for non-fire "all risk" incident assignments.

* Unavailability for all-risk will not reduce your chance of being selected for fire team participation.

APPLICANT SIGNATURE AND SUPERVISORY APPROVALS:

I understand that if selected, the nominee is committed for a minimum of three years as a member of an Incident Management Team. Commitments for trainees are for the period of time necessary to meet training requirements.

Applicant _____ Date: _____

I concur with the goals, commitment, and availability of the applicant for the position(s) applied.

Immediate Supervisor _____ Date: _____

Print Name _____

Applicant or Supervisor Remarks: (If any)

DEVELOPMENTAL TRAINING: If you are interested in being mentored to become qualified in a position, even if it is several steps above your current qualifications, please list the position(s) you would like to be considered for. (This is not a wish list - list only position(s) that you will work toward, and are willing to make the necessary commitment to serve in upon qualification).

1. _____
2. _____

REVIEW AND REFERRAL:

I have reviewed this application and the candidate is qualified for the position(s) which have been applied for as a Primary, Alternate, and/or in Trainee status.

Agency Approval _____ Date: _____

Out of GACC Approval _____ Date: _____

APPLICANT CHECKLIST:

- Applicant Basic Information, Position(s) Applied, and All-Risk Participation..... COMPLETE ☐
- Current Incident Qualification and Certification System (IQCS) master record including, Fire Training, Experience, and Qualifications record(s) documenting qualification for positions applied (or agency equivalent)..... ATTACHED ☐
- Applicant, Immediate Supervisor, and other local approvals.....COMPLETE ☐